

Fill in this information to identify the case:Debtor name **Marine Technology Solutions, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **1:21-bk-00555**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address AT&T PO Box 6416 Carol Stream, IL 60197-6416 Date(s) debt was incurred <u>3/16/21</u> Last 4 digits of account number <u>4533</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility Bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$292.58
3.2	Nonpriority creditor's name and mailing address Earlbeck Gases & Technologies 8204 Polaski Highway Rosedale, MD 21237 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,431.16
3.3	Nonpriority creditor's name and mailing address Express Lanes PO Box 23530 Alexandria, VA 22304 Date(s) debt was incurred <u>3/12/2021</u> Last 4 digits of account number <u>0005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Toll Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$29.50
3.4	Nonpriority creditor's name and mailing address PA Department of Revenue PO Box 280904 Harrisburg, PA 17128-0904 Date(s) debt was incurred <u>12/31/2020</u> Last 4 digits of account number <u>2567</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,672.52

Debtor **Marine Technology Solutions, LLC**
Name

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3.5 Nonpriority creditor's name and mailing address
Payliance
2 Easton Oval, Suite 310
Columbus, OH 43219-6011
Date(s) debt was incurred ____
Last 4 digits of account number **7512**

As of the petition filing date, the claim is: Check all that apply.

\$90.50

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **USPS**

Is the claim subject to offset? ☒ No ☐ Yes

3.6 Nonpriority creditor's name and mailing address
USACE Finance Center
CEFC-FD
5722 Integrity Drive
Millington, TN 38054
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$121.93

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Overpayment of Prompt Pay Interest**

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	JSD Management, Inc. 1283 College Park Drive Dover, DE 19904	Line 3.2 <input type="checkbox"/> Not listed. Explain ____	3595
4.2	PA Department of Revenue 1854 Brookwood Street Harrisburg, PA 17104	Line 3.4 <input type="checkbox"/> Not listed. Explain ____	2567

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 8,638.19
5c.	\$ 8,638.19